

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|   |   |
|---|---|
| 1. File Number U - <u>25778</u>   | 2. Fiscal Year Covered From<br><u>1 / 1 / 2005</u> Through: <u>12 / 31 / 2005</u>   |
| 3. Name and address of person filing.<br>Name <u>Eller</u> <u>M Conboy</u><br><br>P.O. Box, Bldg, Room No., if any<br><br>Street <u>3 Research Place</u><br><br>City <u>Rockville</u><br><br>State <u>Maryland</u> ZIP Code + 4 <u>20850-3279</u> | 4. Name, file number, and address of labor organization.<br>Name <u>Transportation Communications Union</u><br><br>Labor Organization File Number <u>000-196</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>3 Research Place</u><br><br>City <u>Rockville</u><br><br>State <u>Maryland</u> ZIP Code + 4 <u>20850-3279</u> |
| 5. Position in labor organization. <u>Associate Director, Social Services</u>   |   |

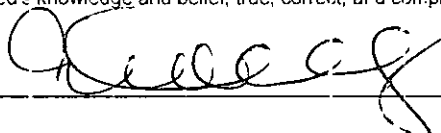
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name if any).<br>Name<br><br>Trade Name, if any:<br><br>P.O. Box, Bldg, Room No., if any<br><br>Street<br><br>City<br><br>State ZIP Code + 4  | 7.a. Nature of Interest, Transaction, or Income.<br><br><br><br><br><br><br><br><br><br>7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On 3/28/2005  
Date

301-840-8746

Telephone Number

Name of Person Filing Ellen Conboy

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Union Privilege

Trade Name, if any: Union Plus

P.O. Box, Bldg., Room No., if any Suite 300

Street 1125 15th Street

City Washington

State District of Columbia ZIP Code + 4 20005

14.a. Nature of payment.

Hotel accommodations while attending Union Privilege Conference as TCU's Union Privilege Liaison. Conference held in Miami, Florida at Wyndham Hotel, March 29-April 1, 2005.

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment

\$559

Name of Person Filing Ellen Conboy

File Number U-

## Part C Continuation Page

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Union Privilege

Trade Name if any: Union Plus

P.O. Box, Bldg., Room No., if any Suite 300

Street 1125 15th Street

City Washington

State District of Columbia ZIP Code + 4 20005

14.a. Nature of payment

Award for promoting Union Privilege programs on March 25, 2005

13.b. Is the Business an Employer ☒ or Consultant ☐ ?

14.b. Amount of payment.

\$100

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

**C. Received from any employer** (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.